

341 INFORMATION REQUEST FORM

Bankruptcy No.: 17-13636-elf

Today's Date: May 28, 2022

Name of Debtor: Carla Irvin

Current Address of Debtor: 629 Andover Drive, Upper Darby PA 19082

Name, Address & Phone Number of Employer(s): Unemployed and receiving SSD

Date Employment Started:

Domestic Support Obligation(s):

(check the statement that applies to you.)

☒ I am not required to pay any Domestic Support Obligations, or

☐ I am required to pay Domestic Support Obligations and I have paid any amounts payable under a Court Order or Statute that were due on or before today's date - complete section below, or

☐ I am required to pay Domestic Support Obligations but I have not paid all amounts due under Court Order or Statute as of today's date - complete section below.

I make Domestic Support Payments to:

Reason for Support Payments (i.e. child support, alimony)

The information I have provided above is true and correct to the best of my knowledge and belief. I AUTHORIZE THE STANDING TRUSTEE TO INCLUDE MY FULL SOCIAL SECURITY NUMBER WHEN PROVIDING THE WRITTEN NOTICE REQUIRED BY 11 U.S.C. §1302((d)(1)(B)) TO THE STATE CHILD SUPPORT ENFORCEMENT AGENCY.

Debtor's Signature